A CASE OF CHOLELITHIASIS WITH RETROPERITONEAL CYST

UNDER THE GUIDANCE OF-

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Case study

A 56 year old male residing in pune ,merchant navy officer by occupation, was diagnosed as cholelithiasis during his regular medical checkup. He was advised elective cholecystectomy as the requirement for fitness to work on the ship.

HOPI: patient was admitted for elective cholecystectomy.

GENERAL EXAMINATION-

Pt was conscious, oriented to time, place and person.

- *TEMP.- afebrile*
- *PR- 82 bpm taken over the rt radial artery*
- *BP- 130/80 mm Hg taken over the rt brachial artery*
- *RR-21/ min*
- *No pallor /icterus/ clubbing/cyanosis/lymphadenopathy/pedal oedema*

CNS EXAMINATION- *Conscious, Oriented, Cooperative*

CVS EXAMINATION- *S1 S2 Present, NAD*

RS EXAMINATION- *AEBE, no other added sounds*

P/A Examination- *Soft, cystic, non tender, non ballotable palpable lump in rt lumbar region, approximately 10 * 8 *4cm. Rest of the abdomen normal.*

P/R Examination- *Sphincter tone normal, No fissure/mass felt, Faecal staining present.*

- ***PROVISIONAL DIAGNOSIS:***
- *Cholelithiasis with right lumbar cyst? Retroperitoneal in origin.*

ALL ROUTINE BLOOD INVESTIGATIONS WERE WITHIN NORMAL LIMITS.

***USG (OUTSIDE dated Jan 2021)** : s/o cholelithiasis.*

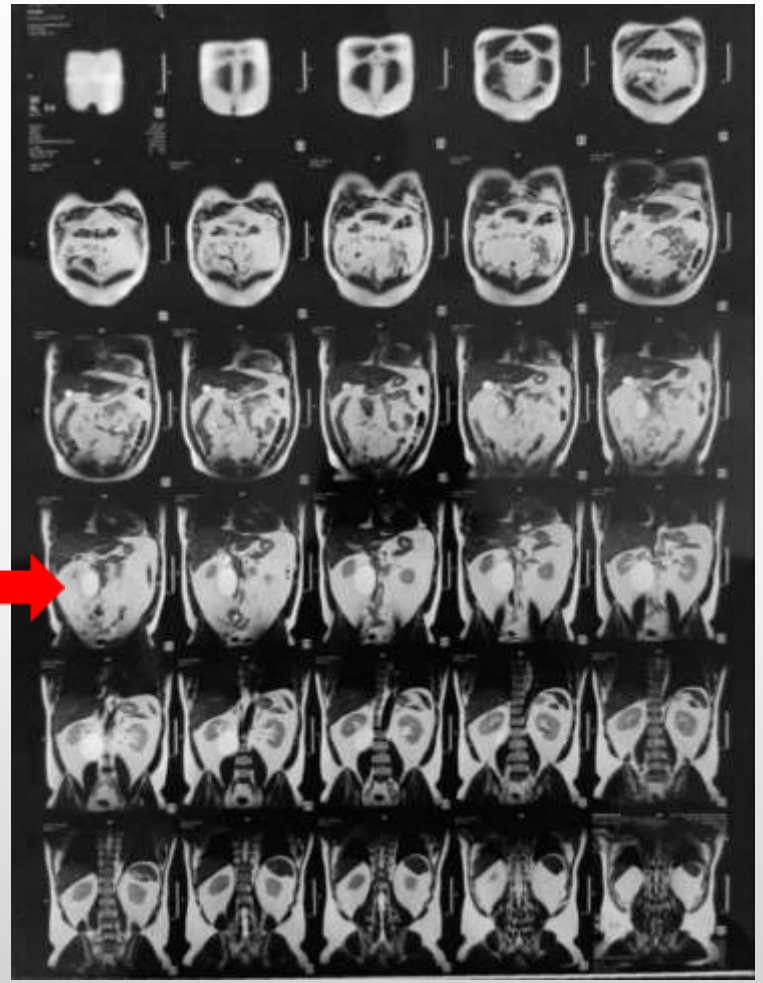
***USG (on admission)** : s/o cholelithiasis with right side paracaval retroperitoneal cyst.*

***CECT ABD N PELVIS** : Report s/o*
(a) focal GB wall thickening s/o
chronic cholecystitis
adenomyomatosis
(b) Large retroperitoneal non enhancing cyst with no calcifications and haemorrhagic content s/o
pseudocyst,
mesenteric cyst,
lymphocoele,
epidermoid cyst,
enteric cyst
(c) B/L mild peri renal fat stranding
(d) Ganglioneuroma

MRI Abdo Pelvis was done.

MRI ABD/PELVIS:

- *Cystic lesion of 9*7*7 cm noted in retroperitoneum medial to lower pole of right kidney at level of L2-L3 vertebral body displacing the ureter anterio-laterally.*
- *Abutting anteriorly 4th part of duodenum.*
- *Medially compressing IVC*
- *Posteriorly right psoas muscle*



Management

- *After considering the radiological investigations, we diagnosed the case as retroperitoneal cystic lesion ?(lymphatic origin)*
- *The opinion of medical and surgical gastroenterologist was taken.*
- *We opted for **USG guided pigtailing** of the same.*
- *Around 60cc of milky white turbid fluid (?chyle) was drained out and pigtail was connected to the drain bag.*
- *Fluid was sent for Routine and microscopy, CBNAAT, Triglyceride level , chylomicron level ,C/S , HPE.*

POST PIGTAIL SEQUELAE IN OUR CASE

DAILY DRAIN OUTPUT :

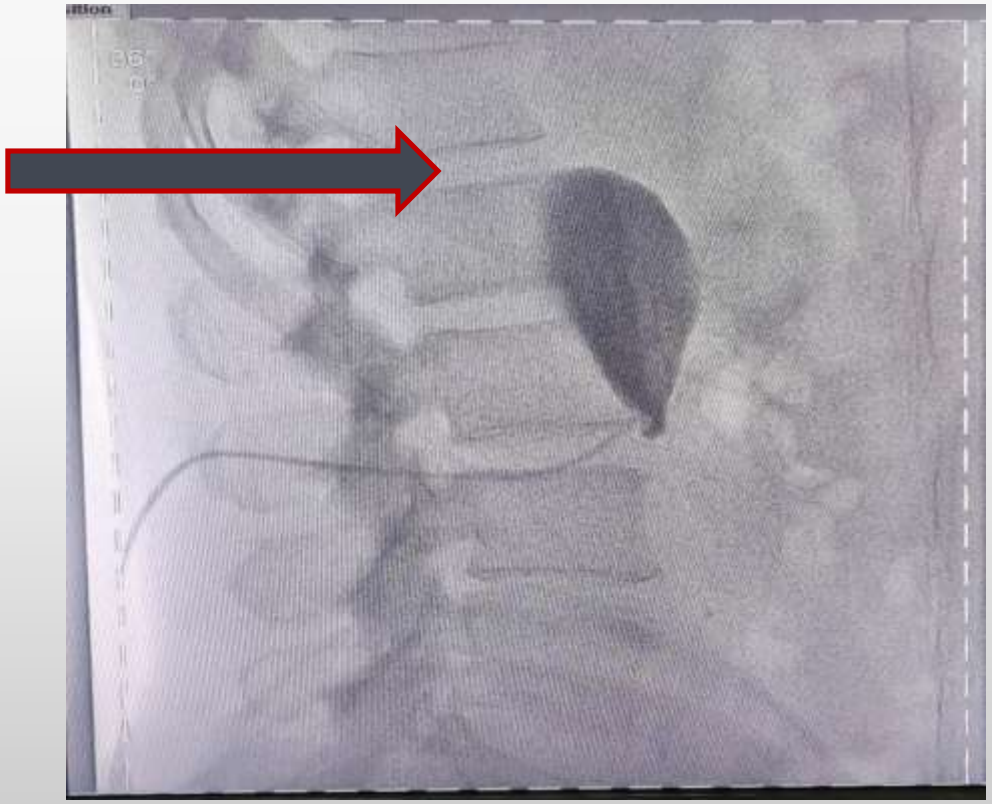
DAY	*Pigtail Output*	*Investigations*
DAY 1	*180cc*	*Triglyceride: 3137mg/dl* *Routine microscopy:* *Normal*
Day 2	*250ml*	*none*
Day 3	*380ml*	*C/S: no growth* *Chylomicrons: present*

DAY	Pigtail Output	Investigations
Day 4	*350ml*	*MR Lymphangiogram : The cyst wall has been delineated on right side adherent to IVC wall, but no communicating channel to the lymphatic system has been identified even after 12 hour delayed images –representing no communication with lymphatic channels* *HPE of tissue from retroperitoneal cyst collected from drain fluid s/o lymphocoele*
Day 5	*250ml*	*none*
Day 6	*280ml*	*Sclerotherapy was planned*

Since There Is No Decrease In The Output Of The Pigtail After 6 Days, We Have Planned To Go Ahead With Sclerotherapy.

SCLEROTHERAPY :

SCLEROTHERAPY WAS DONE WITH THE SCLEROSANT, SODIUM TETRADECYL SULPHATE



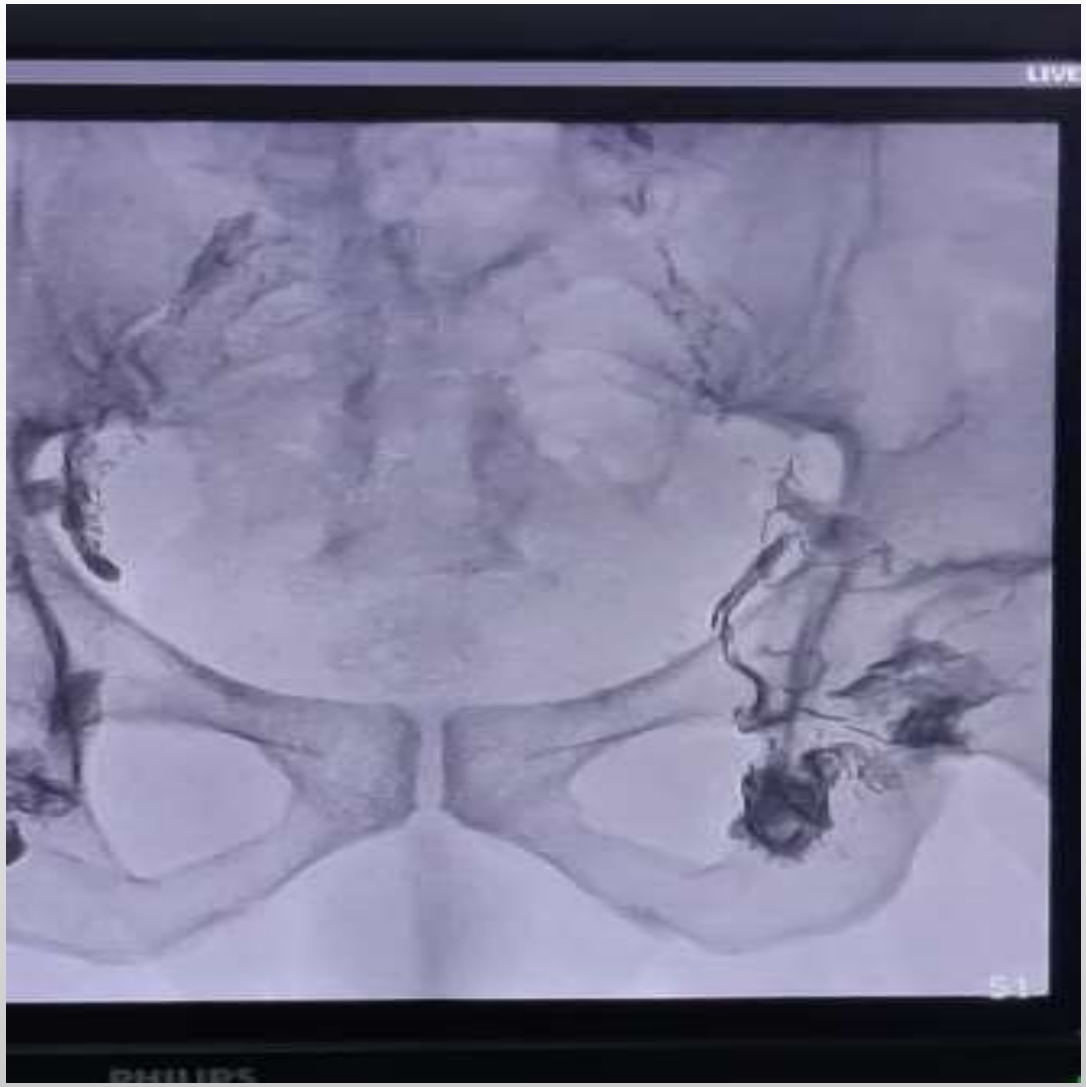
POST SCLEROTHERAPY

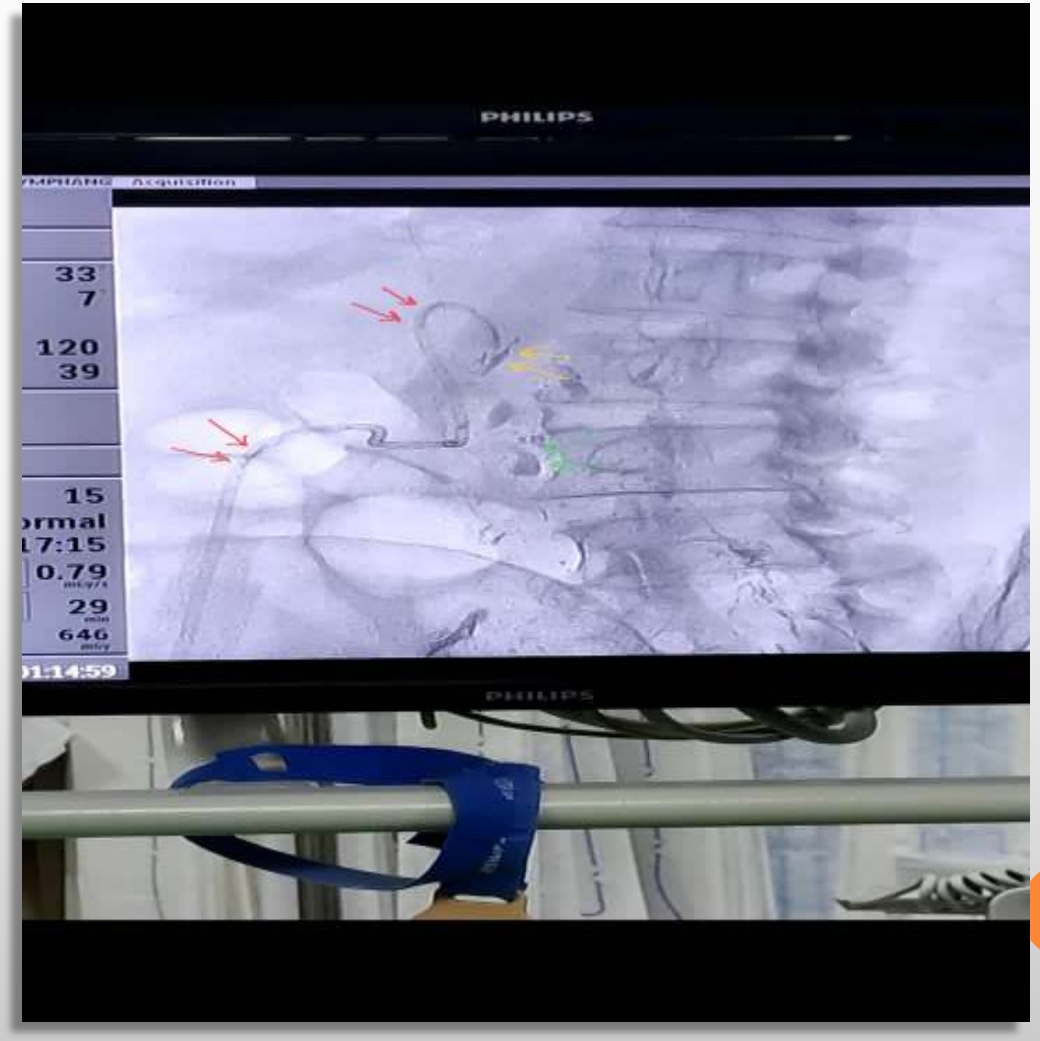
DAY	Pigtail Output	Investigations
Day 1	Pigtail was clamped for 24hr and then connected to the bag and immediate output was 60 ml noted	none
Day 2	450ml	none
Day 3	210ml	Interventional radiologist ref: planned for lymphangiography with inj lipoidal Considering the communication with a lymphatic channel

Intra nodal lymphangiography in Cathlab using Lipiodol

- *Lymphangiography was done with lipoidal,*
- *Under ultrasound guidance, 5 ml lipiodol was slowly injected into 3 inguinal lymph nodes on each side.*
- *On delayed imaging, there was a leak of dye identified in pigtail draining the cyst from the retroperitoneal lymphatics suggesting fistulous communication.*

Intranodal lymphangiography with lymphatic embolization





- *Since there was subsequent decrease in drain output post procedure, pigtail was removed and discharged.*

Patient was followed up in opd after 3 weeks and it was found on repeat usg abdo pelvis that cyst had collapsed almost completely.

THANK YOU